



STATE OF ALASKA POSITION DESCRIPTION

POSITION CONTROL
NUMBER (PCN)

(Six Digits)

To the Employee/Supervisor:

This form provides a complete and accurate description of functions assigned to this position. It is primarily used to classify the position and as a basis for establishing selection criteria for refilling the position. Extra sheets of paper may be attached if more space is needed.

Please use black ink or type.

| | |
|-------------------------------|--|
| 1. Name (last, first, middle) | 2. Current Class Title / Code / Range / Bargaining Unit |
| 3. Department | 4. Division |
| 5. Region/Section/Unit | 6. Work Phone: Fax: E-mail Address: |
| 7. Work Address (Street/City) | 8. Name/Title of Supervisor PCN: Work Phone: |

9. Position Status Code:

☐ Full Time=FACL ☐ Part Time=PACL ☐ Seasonal=SACL

10. Requested Action:

☐ Updated PD ☐ New Position ☐ Flexible Staffing ☐ BU Change

☐ Reclassification to: _____

☐ Other: _____

Reason for Request: _____

Position requires possession of a Commercial Drivers License (CDL): ☐ Yes ☐ No

Position requires possession of/access to firearms or ammunition: ☐ Yes ☐ No

11. Organization Code: _____

FOR PERSONNEL USE ONLY
Final Classification Action

| | | | | | | | | |
|-------------|-------------|-------|----------------|----|------|------------|-----|-----|
| Class Title | Code | Range | FLSA | BU | Type | Loc. | CDL | A&A |
| Approved By | Review Date | | Effective Date | | | Input Date | | |

DUTIES AND RESPONSIBILITIES

List all duties of the position in the format described below:

Examples of Good and Poor Duty Statements

Poor Statement

- Assist in handling correspondence.
- I administer all nutritional programs in the district.

Should be written as:

Good Statement

- Receive, open, time stamp, and route incoming mail.
- I plan and schedule field visits for nutritionists within the district; review individual nutrition plans for adequacy and for conformance with program guidelines; maintain activity and statistical records; meet with other health administrators within the district to help coordinate services.

Define Essential and Marginal Duties

Supervisors must determine essential and marginal functions/duties of the position. Essential functions are the fundamental duties of the position. Marginal functions are those duties that could reasonably be assigned to another position. A duty may be considered an essential function for several reasons, including but not limited to:

- ◇ the function may be essential because it is the reason the position exists;
- ◇ the function may be essential because of the limited number of employees available who could perform the function; and/or
- ◇ the function may be essential because it is highly specialized and requires specific expertise or ability.

For example, an essential function of a Mail Clerk Carrier is mail delivery which typically requires lifting/carrying heavy containers. The Mail Clerk Carrier is also assigned to cover office telephones during the noon hour. The telephone reception task is a marginal function as it can be assigned to another position.

The supervisor must mark each duty/function as essential (E) or marginal (M).

Rate the importance of each duty:

Not all duties should be rated as "most important."

Rating of Importance

- 1 = Most Important
- 2 = Very Important
- 3 = Moderately Important
- 4 = Somewhat Important
- 5 = Least Important

Calculate Percentage of Time for Each Duty

Determine the percentage of time spent on each duty by thinking of the job in a time block of a week. Estimate how much time is spent performing each duty. For example, if you spend one day each week processing applications, divide the time spent on the duty by the time block: 1 day divided by 5 days equals 20 percent. Similarly, 5 hours/week divided by 37.5=13 percent. The total time spent on duties must equal 100 percent. If the work changes seasonally, prepare two sections of #13, e.g., one for the summer season and one for winter.

12. In one or two sentences, state the main purpose of the position.

13. **List all duties of the position.** Begin with the most important duty. List duties in a decreasing order of importance with the least important duty last. Describe each task in detail (see previous page). List the **percentage of time** spent at each duty and rate the **importance** of each duty (see previous page).

***The supervisor must define each duty/function as essential (E) or marginal (M).**

| Essential = E Marginal = M Importance = IMP Percent of Time = %/T | | | |
|--|-----|-----|------------------------|
| *E/M | IMP | %/T | DUTIES/FUNCTIONS/TASKS |
| | | | |

PHYSICAL REQUIREMENTS AND POTENTIAL HAZARDS

14. The following identifies the physical demands and potential hazards typically encountered by this position. The information is necessary in part to ensure compliance with the Americans with Disabilities Act and the OSHA Bloodborne Pathogens Standards. Your responses should reflect physical demands or exposure to hazards which can be ***reasonably anticipated and an expectation of the job.***

Mark the box with the rating that best matches the requirement of this position according to the following scale:

NA: Not applicable, **not required** of this position.

NE: Requirement **is** present, but **is not** essential to the position. (For example, a receptionist encounters aggressive/angry people, but this is not an essential assignment.)

O: Occasional up to 33 percent of the time **and** essential to the position. (For example, a lifeguard swims only occasionally, but it is essential that a lifeguard be able to swim; or a correctional officer must deal with aggressive/angry people.)

F: Frequent over 33 percent of the time **and** essential to the position.

| | NA | NE | O | F |
|---|----|----|---|---|
| Sitting | | | | |
| Walking | | | | |
| Standing | | | | |
| Running | | | | |
| Bending or twisting | | | | |
| Squatting or kneeling | | | | |
| Reaching above shoulder level | | | | |
| Climbing (e.g., ladders) | | | | |
| Driving cars, light duty trucks | | | | |
| Driving heavy duty vehicles | | | | |
| Using foot controls to operate equipment (e.g., not driving a car) | | | | |
| Repetitive motion of hands/fingers | | | | |
| Grasping with hand, gripping | | | | |
| Lifting/carrying 10-25 pounds | | | | |
| Lifting/carrying 26-50 pounds | | | | |
| Lifting/carrying more than 50 pounds | | | | |
| Pushing/Pulling | | | | |
| Work in/exposure to inclement weather | | | | |
| Work in/exposure to cold water | | | | |
| Exposure to dust, chemicals or fumes | | | | |

| | NA | NE | O | F |
|--|----|----|---|---|
| Work/live in remote field site | | | | |
| Use of hazardous equipment (e.g., guns, chainsaws, explosives) | | | | |
| Swimming, scuba diving | | | | |
| Work at heights (e.g., towers, poles) | | | | |
| Exposure to infection, germs, or contagious diseases | | | | |
| Exposure to blood, body fluid, or materials potentially contaminated by blood or body fluids | | | | |
| Exposure to needles or sharp implements | | | | |
| Use of hot equipment (e.g., kitchen ovens and lab equipment) | | | | |
| Exposure to electrical current (not outlets) | | | | |
| Seeing objects at a distance | | | | |
| Seeing objects peripherally | | | | |
| Seeing close work (e.g., typed print) | | | | |
| Distinguishing colors | | | | |
| Hearing conversations or sounds | | | | |
| Hearing via radio or telephone | | | | |
| Communicating through speech | | | | |
| Communicating by writing/reading | | | | |
| Distinguishing odors by smell | | | | |
| Distinguishing tastes | | | | |
| Exposure to wild/dangerous animals | | | | |
| Exposure to insect bites or stings | | | | |
| Work/travel in boat/small aircraft | | | | |
| Exposure to aggressive/angry people (e.g., correctional institutions, law | | | | |
| Restraining/grappling with people (e.g., correctional institutions, law enforcement) | | | | |
| Other: | | | | |
| Other: | | | | |

Items checked above must be consistent with tasks listed in #13. Provide further explanation if needed.

Are there any other physical or mental requirements of this position that have not been addressed above?

15. List machinery, tools, equipment, instruments, vehicles, computer hardware/software, etc., **used** in performing this job.

16. List the laws, rules, regulations, standards, codes, or other regulatory guides you regularly **use** in performing your work. Examples are statutes, federal regulations, professional standards, building codes, trade practices, and procedure manuals:

17. List **actions** you take or **decisions** you make on a regular basis without higher level approval:

18. List other critical requirements of the job (e.g., skills in writing, negotiating, communications, etc.):

19. Employee's comments--Note any other aspects of the job not covered:

20. **Employee Certification**--I certify that the above statements are accurate and complete to the best of my knowledge.

Signed: _____

Date: _____

Email: _____

THE FOLLOWING SECTIONS MUST BE COMPLETED BY THE SUPERVISOR AND/OR THE DIVISION DIRECTOR OR DESIGNEE.

21. Review Sections 1-19 for accuracy and completeness. Note any additions or exceptions below:

SUPERVISORY RESPONSES SHOULD BE CONSISTENT WITH THE ORGANIZATION CHART AND INFORMATION PROVIDED IN SECTIONS 12, 13, AND 17.

22. **SUPERVISORY RESPONSIBILITIES**--Complete this section if the position is responsible for supervising other positions.

Level Definition of Authority

- 1 = Employee effectively takes action.
- 2 = Employee discusses decision with me and then takes action.
- 3 = Employee presents recommendations to me, I make decision and direct employee to take action.
- 4 = No authority.

Rate position's level of authority according to the above definitions.

| List Positions Directly Supervised | Rate Level of Authority | | | | | |
|---------------------------------------|-------------------------|---------|----------|--------------------------------|-----------|-------------------|
| PCNs | Appoint | Promote | Transfer | Take Disciplinary Action | Discharge | Settle Grievances |
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23. List the most important purpose, service, or product expected of this position.

24. List specific or specialized training, education, experience and/or skills needed to perform the duties of this position.

25. List licenses, certifications, registrations, physical or other standards required by state or federal law or regulation. Please cite the specific law or regulation.

26. List other positions you supervise that perform work similar to this position.

| PCN | JOB CLASS TITLE |
|-----|-----------------|
| | |
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| | |

27. **Attach a current dated organization chart** for the unit/section that shows the PCNs, job class titles, and locations of positions.

28. **Supervisor Certification:** I certify that the above statements are accurate and complete to the best of my knowledge.

Signed: _____ Date: _____ Email: _____

29. **Division Director (or designee) Certification:** I certify that the above statements are accurate and complete to the best of my knowledge.

Signed: _____ Date: _____ Email: _____

30. **Department Certification:** I certify that the above statements are accurate and complete to the best of my knowledge and budget authority exists to implement the requested action.

Signed: _____ Date: _____ Email: _____